



Illinois Department of Revenue

RCOA-19 Coin-Operated Amusement Device Tax Decal Claim for Credit

Step 1: Identify your business

- 1 Name: _____
- 2 Mailing address: _____

- 3 Phone no.: _____
- 4 IBT no.: _____
- 5 FEIN: _____
- 6 SSN: _____

Step 2: Check the reason you are filing this claim

- 7 Receive credit for decals I want to transfer. Number of decals: _____
7a Multiply the number of decals by \$30. Write that amount here and in Step 3, Line 16. **7a \$** _____
- 7b Serial numbers: _____

- 8 Overpaid when ordering decals (Form RCOA-1).
- 9 Duplicate order.
- 10 Other. Provide a detailed explanation of your claim. Attach additional sheets if needed.

Step 3: Complete the following information

11 Year of the tax decal for which you are filing this claim: August 1, **2 0** _____ to July 31, **2 0** _____

Note: If you completed Step 2, Line 7a, skip to Line 16 (total from Line 7a).

	Column A As Originally Filed	Column B Corrected Amounts
12 Number of tax decals you purchased.	12 _____	12 _____
13 Amount of tax you paid.	13 _____	13 _____
14 Amount of penalty you paid	14 _____	14 _____
15 Total amount. Add Lines 13 and 14.	15 _____	15 _____
16 Subtract Column B, Line 15 from Column A, Line 15. This is the amount of your credit.	16 _____	

Step 4: Sign here - A claim will not be processed without a signature.

Under penalties of perjury, I state that I have examined this claim and that it is true, correct, and complete.

Signature _____ Date _____

Mail to:



ILLINOIS DEPARTMENT OF REVENUE (COAD)
PO BOX 19477
SPRINGFIELD IL 62794-9477

For questions, call 217 782-6045.

No	Official Use
Amt	_____
Apv	_____
Vrf	_____
DR	_____
Int D	_____

